

SMIF ALD Film Request Form

Name: _____

PI: _____

SMIF Fund Code: _____

Required Information:

- Details regarding the sample that you'd like to grow an ALD film on:
 - Substrate material (*e.g.*, silicon):

 - All other materials present on sample:

 - Material(s) that are exposed on the surface of the sample:

- What ALD film do you want? (choose from options below and indicate thickness up to 20 nm)
 - Thermal ALD of Al₂O₃: _____ nm
 - PE-ALD of Al₂O₃: _____ nm
 - Thermal ALD of HfO₂: _____ nm
 - PE-ALD of HfO₂: _____ nm
 - Thermal ALD of ZrO₂: _____ nm
 - PE-ALD of ZrO₂: _____ nm

- Do you have a preference regarding the ALD growth temperature? Is there a thermal budget limit for your sample?

- How many samples and what size(s)?

Please answer all questions and return this form to Dr. Aaron Franklin (aaron.franklin@duke.edu) for approval.